		CTATE OF NEW JEDOSY					DOCUMENT						BATCH							ACTG		
OF THE STATE	7	STATE OF NEW JERSEY PAYMENT VOUCHER (VENDOR INVOICE)  PO# PV DATE					TC	AGY		NUME	BER	Т	С	AGY		NUN	ИΒЕ	ER		PER	' '	
S INTEREST																						
	3						DATE	MO	P STAF	RT YR	SC MO	HED F	PAY YR	CHI	K OF T LIA		RF TY				NDOR (	(PAYEE) SER
		. 0,,	1 0#				37 ( I L	10	1		III.O								v			
CONTRACT NO.   AGENCY REF   BUYER					FR	(B) TERMS (C) TOTAL AMOUN					MOUN	Г										
				02.10.						(-	,							(0)	,			•
(D) PAYEE NAI	ME AN	ND A	DDRE	SS					1)	D) SEI	ND COI	MPLE	TED FO	DRM	1 TO:							
,									ľ	NJ	Dept	of H	ealth	and	l Seni	or S	ervi	ice	s			
													d Zoc	no	tic Di	s Pro	g					
											Box enton		08625	5-03	869							
(F) PAYEE DEC	CL AR	ATIO	NS																			
I CERTIFY T				N PAYMI	ENT VOUC	HER	IS CORR	ECT	<b>&gt;&gt;&gt;</b>	<b>→</b>												
IN ALL ITS F SERVICES I	PARTI	CUL	ARS, 1	THAT TH	E DESCRI	BED G	SOODS C	R						PΑ	YEE S	SIGNA	TUR	RE				
NO BONUS	HAS	BEE																				
SAID DOCU	JMEN	۱.										Р	AYEE	TITL	.E				В	ILLI	NG DAT	ГЕ
		F	REERE	NCE			LINE					(0	·) DAV		DEEEE	ENC	_					
CD AGY NUMBER LINE						(G) PAYEE REFERENCE																
SURGERIES MONTH OF																						
FUND   AGCY   ORG CODE   SUB-ORG   APPR UNIT   ACTIVITY CD OBJECT CD   SUB-OBJ   REV SRCE   SUB-REV							REV	EV PROJ/JOB NO														
DDT OT	L DO 4	OT	D.T.	1	DECOR	IDTIO	N.		0114					A B /	4OLINIT					<u></u>		TV
RPICI	RPT CT BS ACT DT DESCRIPTION				N		QUAI	YTITY				AIV	OUNT					ID	PF	TX		
					I	DESCI	RIPTION	OF ITE	М						UNIT	PRIC	E				AMOUN	NT.
		С	ОММ	IODITY	CODE:	7944	5															
		[	]	PUBLI	C ASSIS	TANG	CE	]	] SHE	LTE	R AD	OPTIO	ON									
		N	umbe	er of Fe	male Do	gs	(	0-25 lb	os.				@	_				_				
DAVMENI	-								6-50 lbs. @													
PAYMENT VOUCHER	₹	51-75 lbs @																				
(INVOICE) TO BE	)	Over 75 lbs @																				
SUBMITTE						ts of	-						@									
10 DAYS FROM THI		Number of Male Dogs											@									
END OF									-75 lbs @													

COMMODITY CODE: 7944	5						
[ ] PUBLIC ASSISTANC	CE [ ] SHELTER	ADOPTION					
Number of Female Dogs	0-25 lbs.	@					
	26-50 lbs.	@					
MENT     CHER	51-75 lbs.	@					
OICE)	Over 75 lbs.	@					
Number of Female Cats of	Number of Female Cats of Any Weight @						
Number of Male Dogs	0-25 lbs.	@					
M THE     D OF	26-50 lbs.	@					
51     E	51-75 lbs.	@					
OF RY.	Over 75 lbs.	@					
Number of Male Cats of An	Number of Male Cats of Any Weight @						
		Sub-Total					
				X 80%			
	Reimbursement for Surgeries						
Number of Pets Vaccinated	<u></u>		\$10.00				
			TOTAL				

have ben received or services rendered as stated he		Voucher is correct and just, and payment is approved.						
Signature		Authorized Signature						
Title	Date	Title	Date					